

A 08249 MI 01 31 2019 1 19-0300 0		NFIRS-1 Basic
B Location Type <input checked="" type="checkbox"/> Street address Intersection _____ In front of _____ Rear of _____ Adjacent to _____ Directions _____ US National Grid _____		
<small>Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section 8, "Alternative Location Specification." Use only for wildland fires.</small> Census Tract 5669 -100 Number/Post Office _____ Street or Highway _____ City Wayne MI 48184 - _____ Apt./Suite/Room _____ <small>Cross Street, Direction or National Grid, as applicable</small>		
C Incident Type 424 Carbon monoxide incident	E1 Dates and Times <small>Check boxes if dates are the same as Alarm date.</small> Alarm 01 31 2019 05:44:00 Arrival 01 31 2019 05:54:00 Controlled _____ Last Unit Cleared 01 31 2019 06:20:00 <small>Midnight is 0000</small>	
D Aid Given or Received 1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N <input checked="" type="checkbox"/> None	E2 Shifts and Alarms Local Option C C C Shift or Station _____ Alarm _____ Status _____ E3 Special Studies Local Option _____ Special Study ID# _____ Special Study Value _____	
F Actions Taken 86 Investigate <small>Primary Action Taken (1)</small>	G1 Resources <input checked="" type="checkbox"/> Check this box and test this block if an Apparatus or Personnel Module is used. Apparatus 1 2 EMS 0 0 Other 0 0 <small>Check box if resources include aid received resources.</small>	
G2 Estimated Dollar Losses and Values LOSSES <small>(Required for all fires if known. Optional for non-fires.)</small> None Property \$ _____ Contents \$ _____ PRE-INCIDENT VALUE: Optional Property \$ _____ Contents \$ _____		
Completed Modules Fire-2 Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 EMS-6 HazMat-7 Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 Aeron-11	H1 Casualties <input checked="" type="checkbox"/> None Death 0 0 Injury 0 0 Fire Service _____ Civilian _____ H2 Detector 1 Required for verified fire. Detector alerted occupants 2 Detector did not alert occupants U Unknown	
H3 Hazardous Materials Release 0 Special HazMat actions required or spill >= 55 gal. 1 Natural gas: slow leak, no evac. or HazMat actions 2 Propane gas - Less than a 21 lb. tank 3 Gasoline - vehicle fuel tank or portable container 4 Kerosene - fuel-burning equipment/portable storage 5 Diesel fuel/fuel oil - vehicle fuel tank/portable 6 Household/office solvent or chemical spill 7 Motor oil - from engine or portable container 8 Paint - spills less than 55 gallons N None		
I Mixed Use Property 00 Mixed use, other 10 Assembly use 20 Educational use 30 Medical use 40 Residential use 50 Row of stores 53 Enclosed mall 58 Business and residential use 59 Office use 60 Industrial use 63 Military use 66 Farm use NN Not mixed use		

J Property Use		
Structures		
131 Church, mosque, synagogue, temple, chapel	341 Clinic, clinic-type infirmary	539 Household goods, sales, repairs
161 Restaurant or cafeteria	342 Doctor, dentist or oral surgeon office	571 Service station, gas station
162 Bar or nightclub	361 Jail, prison (not juvenile)	579 Motor vehicle or boat sales, services, repair
213 Elementary school, including kindergarten	419 <input checked="" type="checkbox"/> 1 or 2 family dwelling	599 Business office
215 High school/junior high school/middle school	429 Multifamily dwelling	615 Electric-generating plant
241 Adult education center, college classroom	439 Boarding/rooming house, residential hotels	629 Laboratory or science laboratory
311 24-hour care Nursing homes, 4 or more persons	449 Hotel/motel, commercial	700 Manufacturing, processing
331 Hospital - medical or psychiatric	459 Residential board and care	819 Livestock, poultry storage
	464 Barracks, dormitory	882 Parking garage, general vehicle
	519 Food and beverage sales, grocery store	891 Warehouse
Outside		
124 Playground	936 Vacant lot	981 Construction site
655 Crops or orchard	938 Graded and cared-for plots of land	984 Industrial plant yard - area
669 Forest, timberland, woodland	946 Lake, river, stream	
807 Outside material storage area	951 Railroad right-of-way	
919 Dump, sanitary landfill	960 Street, other	
931 Open land or field	961 Highway or divided highway	
	962 Residential street, road or residential driveway	

Look up and enter a Property Use code and description only if you have NOT checked a Property Use Box.

Property Use 419
 Code
 1 or 2 family dwelling
 Property Use Description

K1 Person/Entity Involved
 Local Option
 Check this box if same address as incident Location (Section B). Then skip the State. Duplicate address lines.

Business Name (if Applicable)

 Area Code _____ Phone Number _____

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____
 Number _____ Prefix _____ Street or Highway _____
 Post Office Box _____ Apt./Suite/Room _____ City _____
 State MI Zip Code 48184

Street Type _____ Suffix _____
 Wayne

K2 Owner
 Same as person involved? Then check this box and skip the rest of this block.

Business Name (if Applicable)

 Area Code _____ Phone Number _____

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____
 Number _____ Prefix _____ Street or Highway _____
 Post Office Box _____ Apt./Suite/Room _____ City _____
 State MI Zip Code 48184

Street Type _____ Suffix _____
 Wayne

M Authorization

36	Andrew Stager	Capt		01	31	2019
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
36	Andrew Stager	Capt		01	31	2019
Member leading report ID	Signature	Position or rank	Assignment	Month	Day	Year

L Remarks
 Local Option

Dispatched to the above location for a Carbon Monoxide detector activation. On arrival we found maintenance on scene in the basement monitoring for CO. FD investigation showed levels of CO from 35-50 throughout the house. Furnace boiler was shut down by maintenance and windows were open for passive ventilation. Homeowner was found at neighbors house and advised of the situation. Maintenance advised FD he would contact their heating and cooling company. Once CO levels were reduced, FD turned scene over to maintenance.

Steven Miller (maintenance)
313 399-0095

A <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;">MM</div> <div style="text-align: center; margin-right: 10px;">DD</div> <div style="text-align: center;">YYYY</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">08249</div> <div style="border: 1px solid black; padding: 2px 5px;">MI</div> <div style="border: 1px solid black; padding: 2px 5px;">01</div> <div style="border: 1px solid black; padding: 2px 5px;">31</div> <div style="border: 1px solid black; padding: 2px 5px;">2019</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">19-0300</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> </div> </div>										NFIRS-9 Apparatus or Resources	
FDID	State	Incident Date	Station	Incident Number	Exposure						

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken List up to 4 actions for each apparatus and each personnel.
	ID		Dispatch	Month/Day/Year	Hour/Min			
	Type		X	01/31/2019	0544	X	2	Other
			X	01/31/2019	0554			X
			X	01/31/2019	0620			Suppression
								EMS
								86

A <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">08249</div> <div style="font-size: 8px;">FDID</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">MI</div> <div style="font-size: 8px;">State</div> </div> <div style="text-align: center;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">31</div> </div> <div style="font-size: 8px;">MM DD</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">2019</div> <div style="font-size: 8px;">YYYY</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="font-size: 8px;">Station</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">19-0300</div> <div style="font-size: 8px;">Incident Number</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="font-size: 8px;">Exposure</div> </div> </div> <div style="text-align: right; padding-top: 5px;"> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">NFIRS-10</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">Personnel</div> </div>																														
B <div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> Apparatus or Resource <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">ID E-5</div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Type 11</div> </div> <div style="width: 30%;"> Dates and Times <small>Check if the same date as Alarm date on the Basic Module (Block E1)</small> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: right;">Dispatch</td> <td style="width: 5%; text-align: center;">X</td> <td style="width: 25%; border: 1px solid black; padding: 2px;">01/31/2019</td> <td style="width: 10%; text-align: center;">Hour</td> <td style="width: 10%; border: 1px solid black; padding: 2px;">0544</td> </tr> <tr> <td style="text-align: right;">Arrival</td> <td style="text-align: center;">X</td> <td style="border: 1px solid black; padding: 2px;">01/31/2019</td> <td style="text-align: center;">Min</td> <td style="border: 1px solid black; padding: 2px;">0554</td> </tr> <tr> <td style="text-align: right;">Clear</td> <td style="text-align: center;">X</td> <td style="border: 1px solid black; padding: 2px;">01/31/2019</td> <td></td> <td style="border: 1px solid black; padding: 2px;">0620</td> </tr> </table> </div> <div style="width: 10%; text-align: center;"> Sent <input checked="" type="checkbox"/> </div> <div style="width: 10%; text-align: center;"> Number of People <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">2</div> </div> <div style="width: 15%;"> Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS </div> <div style="width: 50%;"> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">86</div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"></div> </div> </div> </div> <div style="width: 20%;"> Actions Taken <small>List up to 4 actions for each apparatus and each at the incident.</small> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">86</div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"></div> </div> <div style="width: 50%;"> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"></div> </div> </div> </div> </div>										Dispatch	X	01/31/2019	Hour	0544	Arrival	X	01/31/2019	Min	0554	Clear	X	01/31/2019		0620						
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